

How Do You Work With Highly Sensitive Patients?

Andrew Gaeddert, BA, AHG

Many patients who cannot tolerate drugs are drawn to herbal medicine. Treating sensitive patients can be challenging. There may be a higher degree of intolerance to herbs, and patients' expectations are often higher than with Western medicine. I have employed the following strategies and have found that many sensitive patients can improve their health and overcome some of their sensitivities if they are patient and willing to take herbs long term.

1. Be sure to use a reduced dosage for all sensitive patients and slowly build up.
2. Even slight variations in formula or dosage may produce significant changes.
3. Some highly sensitive patients can have unusually strong positive reactions with the correct formula. The method in which an herb is processed can affect the way it is absorbed. Some will get better results with fewer ingredients; some will get better results with formulas containing many herbs.
4. Make sure to use only products made in the U.S. They are generally fresher and do not contain the level of additives found in imported products. Be positive the product hasn't expired! Be especially careful of products made in China or Taiwan, as they may have artificial colors, coatings, preservatives, flavoring agents, corn, soy, or even Western medicines.
5. Do not use herbal decoctions with sensitive patients, as they can be overwhelmed by the taste, strength and action of the herbs. Single herb infusions can be used, and tolerance is generally better. The following herbs are more likely to be problematic for highly sensitive patients: buplerum, valerian, chamomile, animal products, *reishi* (ganoderma), rehmannia, sophora and St. John's wort.
6. Herbal tablets or capsules are usually best, as absorption is slower than with teas.
7. If using alcohol tinctures, be sure to add the tincture to boiling water to drive off some of the alcohol.
8. In terms of traditional Chinese medicine many highly sensitive patients are *qi* deficient. By gradually building up *qi*, they can overcome some of their intolerance. Helpful long-term formulas include a digestion formula consisting of codonopsis (*dang shen*); atractylodes (*bai zhu*); poria (*fu ling*); baked licorice (*zhi gan cao*); citrus (*chen pi*); pinellia (*ban xia*); saussurea (*mu xiang*) and cardamon (*sha ren*), and another formula consisting of astragalus (*huang qi*); white atractylodes (*bai zhu*); siler (*fang feng*); 10mg of zinc citrate; and 250mg of vitamin acid C.

Useful supplements include quercetin, colostrom and probiotics. Enzymes and food stagnation herbs such as poria; coix (*yi yi*); ren shen (*chu shen qu*); magnolia (*hou po*);

angelica (*bai zhi*); pueraria (*ge gen*); red atractylodes (*cang zhu*); saussurea (*mu xiang*); pogostemon (*huo xiang*); oryza (*gu ya*); trichosanthes root (*tian hua fen*); chrysanthemum (*ju hua*); halloysite (*chi shi zhi*); citrus (*ju hong*); and mentha (*bo hei*) can often be help reduce acute food reactions. Aromatherapy can prove useful for calming the nervous system.

9. It is important for the clinician not to jump to conclusions. Be prepared for surprises. One highly sensitive patient said they were intolerant to all herbs, yet she showed up at the clinic with a large cup of coffee each visit. Another patient controlled her diet and lifestyle to a great degree but got her hair permed every week (strong chemicals are used at the beauty salon). Another took a calming formula and reported it made her feel "brain dead."
10. Feel free to refer out to supportive practitioners such as clinical ecologists who specialize in treating the highly sensitive. Body workers, hypnotherapists and acupuncturists can also be very helpful.

Case Studies

Case One: Rhonda, a businesswoman, had been unable to get off antibiotics for the past two years. She was diagnosed with chronic fatigue and fibromyalgia. When she went off the antibiotics for as little as two weeks, she would get severe neuropathy and usually develop a high fever and other flu-like symptoms. She complained of fatigue, joint/muscle pain and neuropathy at night, insomnia, a constant feeling of cold, constipation, indigestion and anemia. She reported many allergies and sensitivities including chemical fumes, pollen, fruits, wheat, chocolate, soy and dairy products. Her pulse was weak and thin; her tongue red. She was very pale.

We recommended two tabs TID of the digestive formula to soothe her digestive system. To help her absorb tonic herbs, we recommended two tabs TID of a heart blood tonic consisting of ginseng (*ren shen*); poria (*fu ling*); white atractylodes (*bai zhu*); zizyphus (*suan zao ren*); astragalus (*huang qi*); tang-kuei (*dang gui*); salvia (*dan shen*); amber (*hu po*); polygala (*yuan zhi*); longan (*long yan rou*); saussurea (*mu xiang*); ginger (*gan jiang*); licorice (*gan cao*) and cardamon (*sha ren*) taken with cinnamon tea to warm up her body and improve her digestion.

A few days after starting the protocol, she reported that her energy was better; however, the neuropathy was much worse, especially at night. I instructed her to maintain the protocol. I thought her worsening neuropathy was due to coincidence; it was encouraging that her energy improved after a few days. A week later she reported that she had stopped everything because the neuropathy had become unbearable. She reported that the neuropathy was better since stopping the herbs. Her pulse and tongue were unchanged.

I decided to reintroduce the herbs one at time. As the digestion formula has had very low incidence of negative reactions, I suggested she restart taking it for just a week. Rhonda's digestion improved, but the neuropathy was unchanged. I next suggested she add the cinnamon tea. Within a few days, she reported the neuropathy was worse. I then suggested she eliminate the cinnamon and then resume the heart blood tonic.

Rhonda made slow and steady improvement over the next six months. We gradually introduced *zhi bai di huang wan*, which consisted of rhemannia (*shu di huang*); cornus (*shan zhu yu*); Chinese yam (*shan yao*); alisma (*ze xie*); moutan (*mu dan pi*); poria (*fu ling*); anemarrhena (*zhi mu*); and phellodendron (*huang bai*). Although her predominate pattern was one of cold, there must have been latent heat, hence the need for antibiotics. Therefore her herbal protocol was two tabs QID of the heart blood tonic, two tabs QID of the digestion formula, and two tabs QID of *zhi bai di huang wan*. We also put her on a high quality acidophilus preparation (two capsules per day). Over the next six months, she was able to eliminate antibiotics. Except for one case of the flu, she had

significantly more energy; her sleep was normalized; and the joint pain, muscle pain and neuropathy were reduced.

Case Two: Rayann, a 48-year-old woman, had been chronically ill for almost ten years since the time her silicon breast implants were removed. She lived in an agricultural area and was negatively affected by aerial spraying. Her main symptoms were joint pain; constant bladder infections; insomnia (with restless sleep); sleep apnea; panic attacks; poor memory; chest pain; and headaches. She was diagnosed with Sjogren's syndrome and multiple chemical sensitivity. She also complained of feeling cold. Her pulse was very weak, and her tongue was pale.

Although I would have liked to use liver detoxifying strategies, I was afraid her body was too weak; she had visited a naturopath who put her on a milk thistle, dandelion and raw food diet that made her health significantly worse. My first recommendation was to start with one tablet per day of the abovementioned heart blood tonic, then slowly increase one tablet per day, every three days. After one week she was up to three tablets per day and could absorb the tablets. After two weeks, she was up to six tablets per day. She had a minor setback, and stopped the herbs for a few days. We suggested she go back to three tablets per day, and slowly increase once again.

After one month, she was feeling slightly better, although her tongue and pulse were unchanged. As her sleep was still bad, we recommended an insomnia/sleep apnea formula made of kava kava; piper methysticum; schizandra (*wu wei zi*); oyster shell (*mu li*); dragonbone (*long gu*); and amber (*hu po*). After three days, she called to say that she had terrifying dreams and decided to go off it. When we saw her two weeks later, she had visibly more energy, although she reported feeling lousy. She continued taking three tablets BID/TID of the heart blood tonic; we added Griffonex-5HTP (150mg before bed, and as needed during the day for anxiety). After one month on the new protocol, she had improved sleep, more energy, and less pain.

Rayann decided to stay on the herbs long-term. Gradually we introduced a formula of eclipta (*han lian cao*); milk thistle [*sylibum (sylibum mari-anum)*]; curcuma (*yu jin*); salvia (*dan shen*); lycium fruit (*gou qi zi*); ligustrum (*nu zhen zi*); bupleurum (*chai hu*); schizandra (*wu wei zi*); tienchi ginseng (*san qi*); tang kuei (*dang gui*); plantago seed (*che qian zi*); and licorice (*gan cao*) to aid the liver's detoxification process. We started at one tablet per day and noted that she was not able to take more than three tabs without headaches. Therefore, her protocol consisted of 6-9 tabs per day of the heart blood tonic (depending on her symptoms), 1-3 caps per day of the eclipta formula, and 50mg of Griffonex-5HTP (three capsules before bed and as needed for anxiety). After six months, her husband said her health was 80% improved; Rayann said she had good and bad days.

Like many sensitive patients, Rayann could fine-tune the dosage that would work best. I often give sensitive patients dosing options, which allows them to experiment until they get it right. Although Rayann's husband saw a great deal of improvement, Rayann was so used to being chronically ill it was difficult for her to see improvement. We had to consistently remind her how far she had progressed each visit.

Case Three: Lisa was a 49-year-old secretary with a 30-year history of migraine headaches, painful muscles and menopausal complaints, including anxiety; hot flashes; and night sweats insomnia with restless sleep. She reported being very sensitive to medications and herbal products. Her pulse was empty and her tongue was red.

We started Lisa on a formula consisting of schizandra (*wu wei zi*); oyster shell (*mu li*); epimedium (*yin yang huo*); morinda (*ba ji tian*); tang kuei (*dang gui*); ligustrum (*nu zhen zi*); eclipta (*han lian cao*); damiana folium (*turnerae aphrodisiaca*); gotu kola (*radix hydrocotyle asiaticae*); pseudostellaria (*tai zi shen*); red dates (*da zao*); anemarrhena (*zhi mu*); phellodendron (*huang bai*);

baked licorice (*zhi gan cao*); scrophularia (*xuan shen*); and akebia fruit (*ba yue zhu*) at one tablet TID (the normal dosage is three tablets TID). Within one week, she noticed no migraines improved energy and less depression. However, her hot flashes, night sweats and insomnia were worse, and her pulse and tongue were unchanged.

At this point we added a coptis formula to combat the hot flashes and reduce heat, consisting of coptis (*huang lian*); lophatherum (*dan zhu ye*); bupleurum (*chai hu*); rehmannia (*sheng di huang*); tang kuei (*dang gui*); peony (*bai shao*); anemarrhena (*zhi mu*); akebia (*mu tong*); scute (*huang qin*); phellodendron (*huang bai*); alisma (*ze xie*); plantago seed (*che qian zi*); gentiana (*long dan cao*); forsythia (*lian qiao*); gardenia (*zhi zi*); licorice (*gan cao*) and sophora (*ku shen*) at one tablet TID (the normal dosage is 1-3 tables TID/QID). At this dosage, Lisa reported an improvement in hot flashes and night sweats; however, she got diarrhea (probably from the cooling properties of the herbs). We recommended one tablet TID of the schizandria formula and 1/2 tablet of the coptis formula TID. At this dosage, she had a 90% reduction in all symptoms with no diarrhea.

Discussion: We started Lisa on a reduced dosage of herbs. By adjusting her dosage carefully over two months, Lisa reported feeling better than she had in ten years.

DECEMBER 2000